

**PROCEEDINGS OF THE MENTAL HEALTH  
TREATMENT SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, October 16, 2019 at 12:00 pm in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

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**Present:** Chair Erik Hoyer, Health and Human Services Director Erik Pritzl, Community Advocate Cheryl Weber, Citizen Member Stephanie Birmingham, Judge Donald Zuidmulder, Behavioral Health Manager Ian Agar, Family Services Representative Bree Decker, Director of Community Programs Jenny Hoffman, District Attorney David Lasee

**Excused:** Supervisor Megan Borchardt, Citizen Representative Guy Zima, Citizen Representative Pat LaViolette

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This meeting was scheduled to begin at 12:00 pm. At 12:05 pm it was determined there was not a quorum and therefore no action would be taken, however in the interest of those that were in attendance, discussions were held and are outlined below.

**1. Report and discussion – Spending of the 2019 \$1.14 million mental health dollars, to date.**

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached. He informed the handout includes information through October 11, 2019 and shows that year to date expenses are coming close to the budgeted amounts. The detox services have increased over prior years and although it is still slightly below budget, Pritzl reviewed these figures with last year's figures and found that there are about \$20,000 more in expenses this year for services which shows utilization is increasing. Part of this is likely attributed to increased capacity at Bellin and Pritzl noted that some of their staffing shortages have been partially addressed which has been helpful.

With regard to residential treatment, Pritzl recalled there was some overspending last year, and although the figures for this year are a little lower than last year, he feels the remaining amount will be utilized because services will be authorized when people present. Mobile crisis and day report center are running as budgeted.

With regard to the day report center, Pritzl said it will remain on the reports through 2019, but in 2020 it will no longer show up on these reports as the services have been brought in-house. Judge Zuidmulder asked if the day report center funds will rebound to the budget. Pritzl responded that those funds will be used to support criminal justice services instead of the contracted services so no funds were lost in the process. Weber feels the number should still be included in the reports because what we are following is the \$1.14 million dollars and it would be difficult to track if it was not included. Pritzl responded this gets different funding with criminal justice because there are other funding streams that go into it. All of the funding for 2020 is in their budget to support the services so it would just show up in expenses.

Judge Zuidmulder said in the past x number of dollars were allocated for the day report center, so why shouldn't those same dollars show up, because they are being spent out of this money? For purposes of those who look at the numbers he feels it would be more appropriate for the day report center numbers to be shown. Hoyer feels the important thing from the standpoint of this subcommittee as well as the Human Services Committee is if the day report center expenditures go up for any reason, the subcommittee and oversight Committee would need to be aware of that so it can be addressed. He noted the day report

center is a really important component of the overall model and feels it is important to keep track of it. Pritzl understands all of this and said they are trying to stay within the same amounts of the day report contract, but as they move forward and serve more people, that could be difficult.

## **2. 2020 Budget and New Positions.**

Pritzl informed there are a couple positions in the 2020 budget specific to behavioral health. There is a mental health services position in Comprehensive Community Services as well as a case manager position in Behavioral Health to work with commitments/clinical intake. There is a lot of activity in that area and monitoring agreements of people who agree to services in exchange for court proceedings being suspended. The caseload in that area has really built up and they are at the point where another staff member is needed to do the work. Adult Protective Services is another area where additional help is needed and there is a case manager position being added there.

With regard to staffing, Hoyer asked if there is currently one position or two positions being staffed by Human Services at the jail. Pritzl responded that they have the one re-entry position that is currently staffed. That position also sometimes works with people coming out of GBCI as well, although not very often.

## **3. Identifying gaps.**

### **a. Overview of Outpatient and Community Services Provided by Brown County.**

Behavioral Health Manager Ian Agar provided a number of handouts, copies of which are attached, which outline what is provided in terms of outpatient continuum services. Agar informed he is often asked what services the County provides both as a health community service agency as well as an outpatient clinic. There is a lot of information, some on the County website and some in brochures, examples of which were provided and are attached.

Agar talked about the Vivitrol program and noted that the department currently has two grants through the Department of Health Services, one of which is jail specific. A handout was provided that outlines this program and Agar talked about some of the qualifications for participation and other aspects of the program. He informed he has been going throughout the community to share information on the program. Hoyer asked about the price of Vivitrol injections. Agar said the price has not shifted much; the cash price is about \$1200, unless you have Medicaid and then it would be available for a \$5 copay. District Attorney David Lasee asked how many individuals are currently taking part in the Vivitrol program. Agar responded that there is currently one person utilizing the program through the outpatient clinic. The jail is a little more challenging because sometime people move in and out of the jail faster than they can get them ready for the program. Lasee informed they have similar issues with the Vivitrol program through Prevea. He feels there will be very few who voluntarily wish to go through the Vivitrol program due to the nature of the drug and the addiction. Agar said he has met with jail staff and they will be revising the process within the jail to try to identify and screen individuals who would be appropriate for the program. They are also working with the day report center and downtown location of the jail as there is some capacity for people with Huber privileges to report to the CTC which may result in more people becoming involved in the program.

Judge Zuidmulder brought up the idea of having the Sheriff include this program as part of his health services budget so the Vivitrol program could be available to those in jail which he feels may be a lot more effective. This is a health issue and the Sheriff has to provide health services. Agar responded that in most instances, the County is prohibited from providing treatment in jail and correctional settings because the federal government appropriates

money and say corrections and jails have their own money for treatment. The county is prohibited from providing treatment in the jail for any type of service they can bill for. The grant is an exception which allows the county's AODA counselors to go to the jail to do the assessment and be reimbursed for it, but they do not administer the drug. The jail medical staff can administer the drug testing, pregnancy testing and make sure the person is opiate free before starting the program. Then the person has to have an alcohol and drug assessment so the level of care they need can be determined. Once that is done, then the medical authorizations can be given by a doctor that says it is appropriate for the person to use Vivitrol and then the shot can be provided. This becomes a timing issue between when the person comes into the jail and when they are released. Agar noted that people's motivation is often different in the jail than it is out of the jail. The typical course of treatment on this program is 6 – 12 months.

Agar continued talking about the other brochures he handed out and briefly explained some of the services outlined. One of the things he talked about is targeted case management which is the lowest level of case management. If someone is Medicaid eligible and they have a mental health or alcohol or drug need and they have a need for case management, the level of service provided allows the case manager to identify needs and link people with other resources and be sure they get connected with those services. This is the role of targeted case management. The reimbursement for this is about \$24 an hour which does not come close to covering the cost. For people who are suicidal or have a mental health condition that needs immediate help, Medicare can be billed for crisis situations, but it has to be to address a current ongoing crisis. It could also be a higher end issue where they are detained by law enforcement with crisis approval. The role of crisis billing and intervention is to prevent hospitalization.

Agar also talked about Comprehensive Community Services which is the middle layer of services and is a psychosocial rehabilitation program which means someone has to be able to make gains from the treatment they are receiving. They have to develop coping skills or have recovery capacity. If someone has a developmental disability and deficits that no matter how much treatment is provided, they will not make up the deficits, this would not be the appropriate program. There is managed care and long term care services for that. Comprehensive Community Services is fully funded through federal and state dollars and they utilize it as much as they can when the criteria is met.

The highest level of case management provided is for those who are imminently at risk for institutionalization. They have severe and consistent mental illness and need the highest level of case management to keep them safely in the community. If this level of support is insufficient to manage them in the community, those people are then placed at Trempealeau because they need intensive long term psychiatric treatment which our hospital does not provide.

Birmingham said CCS has a wonderful purpose, but she feels it is limiting for those with significant persistent mental illness and it is not appropriate if they are not able to have insight because they have to really be engaged in care and recovery. Agar agreed and added that it is a recovery based program, but some people could continue to be in the program for years and the program would continue to have value for them because some people, minus the support, would be institutionalized. Pritzl added that there is a level up from CCS that may be more appropriate because it is not focused on recovery goals or progression.

Judge Zuidmulder asked where diversion fits into this. Agar responded that diversion is not a program, it is a funding source and it fits within the crisis services. Judge Zuidmulder asked if diversion is used in other programs and Agar said it is. Diversion is part of the whole toolbox of tools available to try to keep people in the community and stabilize them.

Agar continued by describing the services available through outpatient services, more fully set forth in the handout. Services provided include outpatient psychiatric services, substance use disorder services, targeted case management services, comprehensive community services and community support programs. There are two full time psychiatrists in outpatient and they also have time available from others, but Agar noted there can never be enough psychiatric capacity, however, they are currently meeting the needs of individuals without a wait list.

AODA programming was also outlined and Agar outlined the pamphlet information on the primary care group as well as the continuing care group. The intoxicated driver program brings a number of people in as they are mandated to have an assessment and many of those people then go through the intensive outpatient program.

Hoyer thanked Agar for the comprehensive overview and said that we really need to know what services are and are not available so when people start talking about gaps we know what we are dealing with. Hoyer asked if there are areas that staff feels should be expanded to better serve our citizens. Agar referenced the national shortage of psychiatrists and said this burden is something the county shares with other agencies in the community. In terms of need, he feels we are addressing the areas of need. He talked about Adult Protection as an area that needs attention as there are more and more vulnerable people as boomers continue to retire. He noted they are finding much more abuse and neglect of people who are in supportive environments such as nursing homes or CBRFs. Much of the challenges are related to facilities having a hard time employing and retaining people with the right skills as the positions often do not pay very well which has weakened the safety net.

Another area of need is the mental health commitment area because we have many individuals who are under commitment and we have to be doing a very good job making sure they are going to their appointments and are safe and getting their medication and doing other things to take care of themselves, because if they do not, they will either end up re-hospitalized or dead.

Hoyer mentioned the talk of regulatory reform at the national level and noted that it means different things to different people and asked if any of that is trickling down to our local Human Services area. Agar responded that the opiate wave has come and gone but there is funding for heroin treatment. There may also be another wave to address the meth challenge. Agar said later this month he is going to a meeting in Madison regarding the emergency detention process and possible changes to that.

Judge Zuidmulder mentioned the AODA assessments ordered for people who have OWIs because they never get any information back as to who actually follows through with the assessment. He met with someone in the past to ask for the Courts to get a statement back saying who has reported for their assessment and who has not. If there could be a way to get that information, he feels the judges would be very receptive to initiating some type of program where they can continue to have some ability to require people to go to the assessment and follow through. Defendants are told they need to do the assessment to get their license back, and then they get arrested again and they still never did the assessment or got their license and those people are just processed through the system, but the Court has no ability to get any information back as to whether they really went to the assessment and did any follow through. Judge Zuidmulder feels the community is becoming more focused on OWI issues and there are a number of agencies involved in the process, but nobody is working together to make the public policy that the AODA assessment must be done and the person must complete the recommended follow through.

Agar responded that his understanding is that if someone is ordered to have an assessment from an OWI, they have to come to the local agency, in this case, Brown County, and pay the assessment fee and have the assessment. The incentive is that they want their license back. If they do not complete the assessment, they do not get the license back and if they choose to drive without a license that is something Human Services has no control over. If someone does present for an assessment, it is a driver's safety assessment through the DOT as opposed to an alcohol and drug assessment. The driver safety plan assessment identifies the level of care the person needs and the person is then provided a list of treatment providers which could be Brown County or another provider and the responsibility is then on that individual to be self-accountable to the Court and community to go to the treatment. If they do not follow up with the treatment, there is a notification sent to the DOT and the person will not get their license back.

Pritzl said what Agar has explained is the process that is logical and does what they are supposed to do, but there are people who do not operate that way. DA Lasee added that the other issue is in order to get the license back, they have to pay off all their fees and assessments as well as pay the monthly fee for an interlock device. These are typically not going to be the logical thinkers who do what they have to do. Having some ability for the Court to have some control over this may be worthwhile. Judge Zuidmulder said legislatively we need to sever the AODA assessment off from being impeded in any way by paying the fines so they still get the treatment, irrespective of getting their licenses back. Throwing all the other stuff in there is taking the focus off of lot of people who have a social problem and are a danger to the community and need help. He continued that he receives calls from legislators who ask how to increase penalties on drunk drivers and the conversation he will be having with them in the future will be regarding the AODA treatment programs and the ability to get in the programs and keep that separate from any fines and punitive stuff because they need the treatment.

Birmingham asked what the possible results of an AODA assessment could be. Agar said if it is a driver safety plan assessment the minimum would be driver's education, like a class at NWTC that covers the effects of alcohol and driving and how alcohol affects the body and the consequences of it. The next level would be individual counseling or individual and group counseling, or intensive outpatient or residential treatment. Birmingham asked if the location to get the assessment is ever a barrier to people since they should not be driving there if they do not have a license. Agar said often people have occupational licenses and there would also be bus service, so the location should really not be a barrier for those who are motivated to get their license back.

**b. Discussion of initiatives taken in other states/counties/municipalities.**

Pritzl recalled at the last meeting we talked about prescribers and some of the rules that apply and questions as to who can prescribe and if this varies by state. Pritzl has done some research on this and found that expanding the prescriber pool and options is something that has been talked about for a long time. The American Psychological Association has been talking since 1994 about allowing psychologists to prescribe medications. Currently there are five states that allow this, including two that border Wisconsin - Illinois and Iowa, and they have been doing it since 2014 and 2016 respectively. The first state to do this was New Mexico in 2002. Pritzl feels they likely have oversight and connections to a psychiatrist or physician. He found this information at a speakers task force meeting on suicide prevention where he was also made aware of a package of bills they would like to see advanced, one of which was changing some things around psychologists, but it was pretty limited, but there is a group of people looking at regulations so we may be able to identify some people who are interested in some other pieces to this. Brown County is not alone in some of these but there has not been a ton of progress yet. Agar added that they like psychiatric nurse practitioners

because they have additional training plus their patient interaction is typically different and often gets better results in Agar's opinion.

4. **Projects supported by half-percent sales tax.**
  - a. **Crisis Assessment Center Preliminary Design.**
  - b. **Discussion – Ideas for 2022-2023 sales taxes for mental health.**

Pritzl talked about the crisis assessment center and informed a lot of design work has been done, but there is not a final schematic yet. He explained this would be constructed as another wing at the CTC and would be very close to the inpatient unit, but completely separate and walled off. It would be approximately 4,000 square feet and would house all of the current Crisis Center functions that are downtown including all the crisis counselors, crisis counseling rooms and some observation rooms. They have a call scheduled with DHS to have a discussion about this part because the detoxification part has not gone exactly as they want and they will see what they say about general stabilization and the observation rooms are still in the plan. The addition will blend in with the overall appearance of the CTC. The inside will be fairly open in appearance. People would come in the front door and will interface with someone who will assess the current issues and then the person would go through the building to a counseling room, to medical screening if there is going to be an admission and then through a few more doors to either the inpatient unit or to the crisis stabilization unit. There has been a lot of discussion regarding who gets in and how they get in. People cannot be locked in until they are in an inpatient setting. There will still be law enforcement interaction as people progress through the process. The final design meeting will likely be held soon, but Pritzl noted they are on track with regard to the budget and a November 2020 opening.

Birmingham asked if this is still only going to be limited medical clearance. Pritzl said the medical clearance will be limited and added that they feel there are a lot of people going to emergency departments because there is no other medical person seeing them. He noted they do not have a full lab on site. Birmingham questions if this is really going to be any better than what we currently have and said she has reservations and feels people may still have to end up going to the ER. Agar said they believe the majority of people do not need a full medical clearance and battery of tests and they feel they will be able to clear the majority of people on-site. Judge Zuidmulder added that he deals with many of these people who have borderline personalities and there is a lot of drama. They are in the ERs all the time and that is very frustrating to the police. Law enforcement would likely say that only about 5 – 10% need full medical clearance. He reassured Birmingham that he does not feel officers would bring people to the facility if they do in deed need full medical clearance. Agar added that the time in custody will also likely be reduced because law enforcement will not be bringing these people to multiple locations.

5. **Detoxification.**

*This item was not discussed.*

6. **Outreach efforts.**

*This item was not discussed.*

7. **Such other matters as authorized by law.**

Hoyer thanked those present for their attendance. The next meeting date was discussed and January 15, 2020 at noon was set.

**8. Adjourn.**

The meeting ended at 1:12 pm.

It is again noted that there was not a quorum at this meeting and not action was taken.

Respectfully submitted,

Therese Giannunzio  
Administrative Specialist

**BROWN COUNTY HEALTH & HUMAN SERVICES**

111 N. Jefferson Street

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To: Mental Health Treatment Sub-Committee  
Human Services Committee

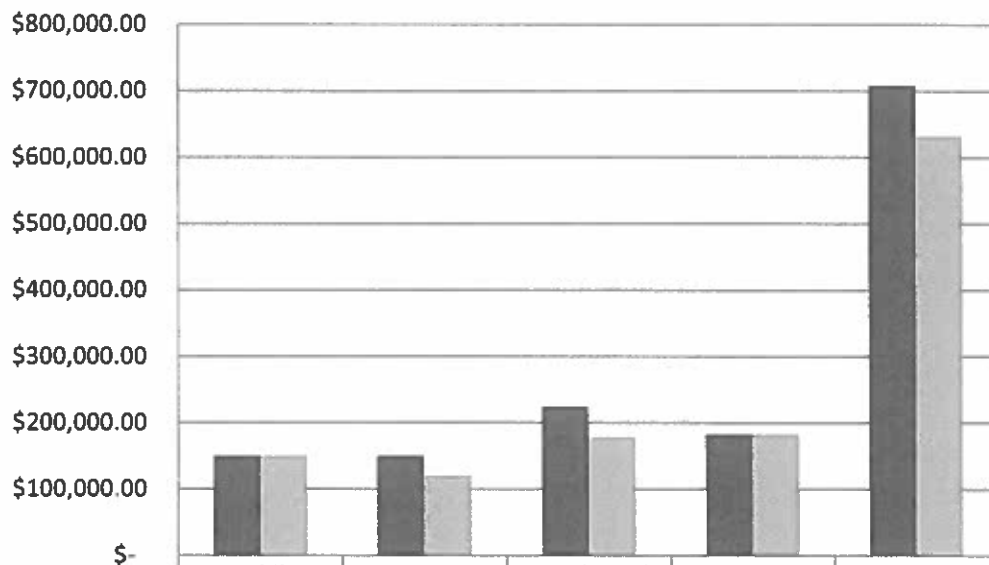
From: Erik Pritzl, Executive Director

Date: October 16, 2019

Re: 2019 Expenditures YTD

The chart below provides a summary of expenditures in the four different areas for January-October, 2019. This information is current through October 11, 2019.

### Mental Health Initiative Expenditures January-October, 2019



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
■ Amended Budget (Pro-rated)	\$150,000.00	\$150,277.50	\$225,000.00	\$183,110.00	\$708,387.50
■ Expenditures	\$150,000.03	\$120,228.48	\$178,859.10	\$183,109.50	\$632,197.11





## Brown County's Vivitrol Program

Research has indicated that medication alone is not enough to sustain recovery from Substance Use Disorders. Because of this, Brown County HHS Department requires that consumers that are participating in the Vivitrol program engage in therapy in addition to receiving monthly injections. Failure to follow through with program expectations could result in a discontinuation of medications and discharge from the program. Responsibilities of the consumer include:

- Attend a weekly Vivitrol group and providing a UA sample at that time.
- Attendance and active participation in AODA treatment.
- Work towards abstinence from all

mood altering substances, including alcohol.

- Receive all injections on time.
- Meet with an individual counselor as needed to discuss issues related to recovery.
- Meet with a prescriber as needed in order to monitor progress in the Vivitrol program.
- Sign releases to any other medical

Providers. We want to work with you, so please inform us if any modifications or alternative arrangements are needed to make your treatment experience successful.

## FAQ

**Are there side effects from the injection?** —There have been some known side effects but they are not certain to occur. Common ones include fatigue, headaches, and soreness at the injection site. These will be reviewed more thoroughly when you see a clinician.

**What if I use other substances while on Vivitrol?** Vivitrol does not have any effect on substances other than opiates (and to some extent, alcohol). Our program goal is abstinence from all substances, but we do understand that relapses occur. If this does happen, we expect consumers to continue to work with their clinicians to construct a relapse prevention plan. In the event of ongoing or dangerous use, a referral to a higher level of care will be made.

**Am I eligible for services?** Two grants through DHS to Brown County ensure that people should be able to get initial injections through Brown County or the jail. Continued services will require insurance coverage compatible with Brown County HHS. We serve BadgerCare Plus and Unity clients, as well as some commercial insurance.

**What other services are available?** — Consumers that participate in this program are eligible for all other Outpatient services including groups, individual counseling, and psychiatry services where needed.





## What is Vivitrol?

### Vivitrol is an opiate blocker

Vivitrol is an injectable medication that is provided every 28 days to block the effects of opiate use. The result is that even if you do use, you will not feel the effects. Most people also experience a significant reduction in cravings while on this medication. Typical course of treatment for Vivitrol is 6-12 months.



## What if I say yes to Vivitrol while I am in the Brown County Jail?

If you express interest in Vivitrol after going through detox, your name will be given to Brown County Health and Human Services clinicians by the jail medical staff. These clinicians will then come to see you in the jail to assess your appropriateness for the program. Due to high levels of interest please do not submit your name for referral if you are not fully invested or will not be available to participate in treatment services in the community.

Brown County  
HHSD

3150 Gershwin Drive  
Green Bay, WI, 54311

<https://www.co.brown.wi.us/departments/?department=dd09bd30c78e&sibdepartment=542b4bc5bcbd>

## Treatment with a Medication Component

Due to the need for concurrent therapy along with medication for opioid use disorders, the term "treatment with a medication component" is replacing "medication assisted therapy" in order to emphasize the importance of therapy in the recovery process.



Best outcomes are achieved with medication *and* treatment

## BROWN COUNTY HUMAN SERVICES

Brown County Community Treatment Center  
Outpatient Clinical Services Division  
3150 Gershwin Drive  
Green Bay, WI 54311



Phone (920) 391-6940

### BROWN COUNTY HUMAN SERVICES COMMUNITY TREATMENT PROGRAM OUTPATIENT ADULT SERVICES

The Brown County Human Services Department provides comprehensive programming for adults with mental health and substance use issues who lack the resources to obtain services elsewhere in the community. Consumers work with a multi-disciplinary team to identify their needs and develop treatment plans that reduce the need for inpatient hospitalization and maintain the least restrictive living environment.

#### **Individuals seeking services must:**

- Be residents of Brown County
- Have a mental health or mental health and substance use issue that requires treatment or intervention
- Have difficulty in obtaining services elsewhere

#### **Services include:\***

- Outpatient Psychiatric Clinic
- Substance Use Disorder Services
- Targeted Case Management Services
- Comprehensive Community Services Program
- Community Support Program

*\*Mental Health and Substance Use services are funded in part, through Medicare, Medicaid-Title 19 and private insurance.*  
*\*Fees may be charged for some services.*  
*\*Certain programs may require Medicaid enrollment.*

#### **1. OUTPATIENT PSYCHIATRIC SERVICES:**

The Brown County Human Services Outpatient Psychiatric Clinic is committed to providing quality medication management services to the residents of Brown County. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff.

#### **General Eligibility:**

- Adult Brown County residents who are generally unable to be served elsewhere.

*This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.*



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**Services Offered:**

- Initial assessment and diagnostic sessions (approximately 50-60 minutes)
- Follow-up medication management sessions (approximately 15-20 minutes)
- Nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

**2. OUTPATIENT SUBSTANCE USE DISORDER TREATMENT SERVICES**

The Brown County Human Services Outpatient provides quality treatment services to the residents of Brown County in need of programming for substance abuse services. Services are provided by Certified Substance Abuse counselors under the supervision of a Clinical Supervisor and psychiatrist.

**General Eligibility:**

- Adult Brown County residents who are generally unable to be served elsewhere.

*This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.*

**Services Offered:**

- Initial assessment session (approximately 90 minutes)
- Individual and family/couples sessions (approximately 45-50 minutes)
- Primary Care Group treatment (meets three times/week for 90 minutes)
- Continuing Care Group treatment (meets once/week for 90 minutes)

**3. TARGETED CASE MANAGEMENT**

The Brown County Human Services Community Treatment Program exists to provide comprehensive programming to adults who are Brown County residents and in need of mental health and/or AODA services.

Case managers and adult consumers with chronic mental illness and/or substance use disorders work together to develop a treatment plan that best meets their needs. Case managers provide support and assistance in accessing community services. They generally do not provide therapy, but will assist consumers with referrals as needed. Services are provided to consumers on both a voluntary and court-mandated basis.

An assessment is completed in order to determine eligibility for targeted case management. Criteria assessed for include psychiatric and AODA inpatient stays, need for crisis services, diagnosis, level of functioning in all areas, and ability to access services.

**Services Provided by Case Managers Include:**

- Working with consumers to develop a treatment plan
- Coordinating appointments and psychiatric/AODA treatment
- Assisting in accessing psychiatric medications
- Developing plans and support to address crisis situations
- Monitoring cooperation with court-ordered treatment (as needed)

#### **4. COMPREHENSIVE COMMUNITY SERVICES**

Comprehensive Community Services (CCS) is a community based rehabilitation program that provides consumer centered and directed psychosocial services that promote recovery.

CCS is designed to empower consumers to take an **active** role in treatment and recovery and engage in positive relationships with staff and peers. As part of the program, CCS consumers will have a Recovery Team. The Recovery Team, identified by the consumer, participates in needs assessment, service planning and delivery, supportive activities, and the evaluation of desired outcomes.

##### **Individuals seeking services must:**

- Be residents of Brown County
- Have a mental health and/or substance use issue that requires treatment or intervention
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen
- Be willing to participate (voluntary enrollment)

##### **Services offered (but not limited to):**

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Mental Health Education

#### **5. COMMUNITY SUPPORT PROGRAM**

A Community Support Program (CSP) is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment plan and qualified staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services. These programs are for people needing intensive monitoring in the community.

CSP has a multidisciplinary team consisting of case managers, mental health technicians, RNs and psychiatry dedicated to individuals enrolled in services. In addition, direct services are provided by CSP staff or in conjunction with staff from other funding sources.

Brown County has an internal CSP and also contracts with Villa Hope CSP in Green Bay.

##### **Individuals seeking services must:**

- Be residents of Brown County
- Have a chronic mental health that requires repeated acute treatment or prolonged periods of institutional care
- Exhibits persistent disability or impairment in major areas of community living
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen

##### **Services offered (but not limited to):**

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Assistance obtaining:

- Services to meet physical and dental health needs
- Needed legal services
- Needed transportation services
- Financial support and money management services
- Living accommodations

**To Inquire Further or Make a Referral:**

Contact Jamie Murphy, MSW, APSW, SAC at 920-391-4723.



# Case Management Services Overview

People with needs related to mental health, substance use, aging or disabilities can qualify for case management services when they meet functional and financial eligibility requirements. Brown County Health & Human Services provides a number of programs for these case management services, and receives funding either through an allocation by the State of Wisconsin, or through billing of Medical Assistance (BadgerCare).

Case Management Service	General Description	Eligibility	Funding (Allocation, Billing, etc.)	Current Enrollment
Targeted Case Management (TCM)	Targeted Case Management services can be provided to children and adults who have a need for coordinated services due to a mental illness, substance use dependency, physical disability, developmental disability, aging, or a Severe Emotional Disturbance.	Functional requirements including validation of the condition.	Case management is billed to Medical Assistance. Services are billed separately by providers.	293
Community Support Program (CSP)	The Community Support Program (CSP) is for adults living with a serious and persistent mental illness. CSPs provide coordinated professional care and treatment in the community that includes a broad range of services to meet individual's unique personal needs, reduce symptoms, and promote recovery. CSPs are designed to be capable of providing services that can be tailored to the individual's needs at any given time, ranging from minimal to intensive, or a level that might otherwise require care in a hospital setting. <sup>1</sup>	Qualifying mental health diagnosis that imposes a disability in daily living and a risk of a continuing pattern of hospital or institutional care. Examples of a qualifying mental health diagnosis include Schizophrenia or Bi-Polar Disorder.	Allocation/Contract with DHS	BC =19 Villa Hope = 48
Comprehensive Community Services (CCS)	Comprehensive Community Services (CCS) is a program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient	Qualifying mental health diagnosis and functional impairment in one more life	Service facilitation (case management) is billed as a service. Other	127

	care, but less than the intensive care provided in an inpatient setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual. <sup>1</sup>	domains:	services are billed separately.
Children's Long Term Support (CLTS)	The Children's Long-Term Support (CLTS) Waiver Program is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. <sup>1</sup>	Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities.	Allocation/Contract with DHS 471

<sup>1</sup>Information on program descriptions was obtained in whole or part from Wisconsin Department of Health Services websites.

Crisis Services are also provided under DHS 34, which provides support to individuals within the county that have crisis needs defined as follows:

"Crisis" means a situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. Eligible individuals are county residents or persons in the county. Services are billable to Medicaid if a client is eligible or has Medicaid coverage.



*"Welcome to our support community"*

We prioritize treatment of pregnant women and women with dependent children

Counselors provide substance abuse treatment in the following languages:

- English
- Spanish

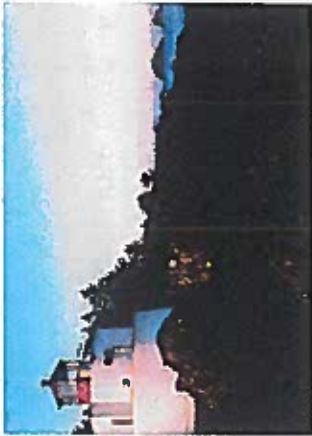
And on-call interpreters provide translation in:

- Hmong & Some Other Languages



"We loved how you could come here for answers and never be judged—it's a safe, confidential, judgment-free zone!"

**Come Share & Recover!**



**Substance abuse services offered by us:**

- Intake, assessment, or referral
- Substance abuse treatment focusing on establishing and maintaining your recovery from substance abuse and on preventing relapse

**We offer treatment services to individuals with:**

- substance abuse issues
- both mental health concerns & substance abuse issues

Contact us at **920-391-4720**

3150 Gershwin Drive  
Green Bay, WI 54311



**Brown County Alcohol & Other Drug Abuse (AODA) Programming:**

**Primary Care Group**  
**Continuing Care Group**  
**Individual Counseling**  
**Hispanic AODA Group**  
**IDP Assessments**  
**AODA Prevention**



### Primary Care Group

- 8 week Intensive Outpatient (IOP) group that meets 3 times per week for 1.5 hours each session.
- Meets Mondays, Wednesdays, & Thursdays in mornings or evenings
- Family Group is offered to provide education & support for family & those in relationships with clients

### Continuing Care Group:

- Usually completed after Primary Care, for client with past AODA treatment & stability & sobriety already established
- 16-week Aftercare/Relapse Prevention, meets once weekly for 1.5 hours, in mornings or evenings

### Spanish-Speaking AODA Group:

- 24-weekly sessions, meet for 1.5 hours each
- Both morning and late afternoon groups are available



### Intoxicated Driver Program:

- If you are convicted of an Operating While Intoxicated (OWI) offense, court will order you to receive an alcohol and other drug assessment.
- If you are a resident of Brown County, please appear in person with a money order for \$275 to schedule an assessment.
- After completing the assessment, you will receive a driver safety plan.
- If that driver safety plan requires you to go through treatment, there are a number of agencies to choose from.
- If you don't have insurance, this and other agencies offer services for fees based on your income/ability to pay

### AODA Prevention

The inappropriate use of alcohol and other drugs can have a powerful effect on the health of individuals, their families, & their communities. Brown County is committed to preventing misuse of alcohol and drug abuse by encouraging all residents to make healthy choices regarding the use of alcohol and drugs. Brown County receives funding through an AODA SAMHSA Prevention grant and actively collaborates with 2 Brown County AODA coalitions.

